

## PCN8

## COSTO E IMPACTO PRESUPUESTAL DEL TRATAMIENTO DEL CÁNCER DE PULMÓN DE CELULAS NO PEQUEÑAS DEL TIPO ADENOCARCINOMA CON GRADO ECOG 0,1,2 EN ESTADIO IV CON MUTACIÓN + (EGFR O ALK) CON TERAPIAS BLANCO EN MÉXICO

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**OBJETIVOS:** El impacto económico que tendría en México la incorporación gradual de pacientes con cáncer de pulmón de células no pequeñas en estadio IV (tipo adenocarcinoma), con mutación EGFR y ALK (CPCNP+), a esquemas basados en terapias blanco no se ha estimado. Este estudio estuvo enfocado a estimar este impacto desde la perspectiva del Sector Salud. **METODOLOGÍAS:** Con datos de GLOBOCAN 2008 se estimó la prevalencia 2012 de pacientes CPCNP+ en México. Un panel de expertos (n=20, 2 centros de alta especialidad) determinó el perfil de uso de recursos para atender a estos pacientes: hospitalización, medicamentos, consulta con especialista, administración del medicamento, pruebas de laboratorio y gabinete, tamizaje EGFR y/o ALK. Los costos se estimaron mediante metodología bottom-up en el Instituto Nacional de Cancerología y se expresan en US\$ de 2012. Se realizó análisis de impacto presupuestal en base al Presupuesto de Egresos de la Federación (PEF) 2012. **RESULTADOS:** Se estimó que en 2012 había 3,068 pacientes candidatos a ser sometidos a tamizaje para EGFR y/o ALK, de los cuales 951 (31%) serían positivos (candidatos a tratamiento con terapias blanco). El costo esperado anual por paciente tratado con terapias blanco fue US\$283,180 mientras que el costo correspondiente a pacientes que reciben quimioterapia convencional fue US\$247,338. Suponiendo que el 6% (61) de los pacientes CPCNP+ fueran atendidos con terapias blanco y el resto (890) con quimioterapia convencional, el impacto presupuestal hubiera sido de 0.1% y 0.65% del PEF 2012, respectivamente. **CONCLUSIONES:** La prevalencia de pacientes CPCNP+ en México es de aproximadamente 8.5/100,000 habitantes. La diferencia en el costo esperado de tratamiento entre quimioterapia y terapias blanco es de alrededor de 15%. La introducción gradual de terapias blanco por las instituciones del Sector Salud es una estrategia que permitiría planificar el impacto presupuestal de esta adopción en base a la disponibilidad de recursos.

## PCN10

## ANÁLISE DAS POTENCIALIDADES DE CUSTO-MINIMIZAÇÃO ATRAVÉS DA DETERMINAÇÃO DO MARKET SHARE ENTRE OS QUIMIOTERÁPICOS DE REFERÊNCIA QUE POSSUEM GENÉRICOS CADASTRADOS EM UMA OPERADORA DE PLANO DE SAÚDE

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**OBJETIVOS:** Identificar as potencialidades de custo-minimização através da determinação do market share entre os quimioterápicos de Referência que possuem Genéricos cadastrados em uma operadora de Plano de Saúde em Fortaleza, Ceará - Brazil. **MÉTODOS:** Estudo de minimização de custos em uma amostragem de medicamentos pertencentes à classe dos quimioterápicos (n=175 códigos). A fonte de dados foi a Tabela de Medicamentos padronizados na operadora e utilizados em 2012. Incluiu-se na amostra os custos com antineoplásicos pertencentes a classe A (Alto Custo - Curva ABC). Foram excluídos os medicamentos utilizados como suporte e hormonioterapia. Em seguida, fez-se a classificação das categorias, segundo Agência Nacional de Vigilância Sanitária (ANVISA) quanto a Referência, Genérico e Similar. Considerou-se a perspectiva da Operadora de Saúde. **RESULTADOS:** O câncer mais prevalente foi o de Mama (n=203; 31,28%) seguido de Brônquios e Pulmões (n=55; 8,47%). Quanto ao sexo observou maior prevalência em mulheres (n=442; 68,10%). O custo total com quimioterápicos em 2012 foi R\$ 28.918.397,51, no qual 71,14% (R\$ 20.571.337,18) foram com medicamento de Referência, seguido de 0,91% (R\$ 261.787,42) com Genérico e 0,77% (R\$ 222.507,38) Similar. Detectou-se que 27,19% (R\$ 7.862.765,53) dos com quimioterápicos de Referência tem potencialidades de uso de genérico (Docetaxel, Doxorubicina, Gencitabina, Irinotecano, Oxaliplatina, Paclitaxel). Quanto ao impacto financeiro haveria uma redução nos custos por volta de 24,94% (R\$ 1.960.973,72), se utilizássemos somente o genérico nessas potencialidades de uso, representando o melhor cenário. **CONCLUSÕES:** O mercado de genéricos é hoje uma realidade no país, tendo criado um segmento importante no mercado de medicamentos e seu incremento na quimioterapia traria economias substanciais nas diferentes instituições de saúde, como as operadoras.

## PCN11

## ECONOMIC IMPACT OF INCLUDING SEQUENTIAL BEVACIZUMAB FOR THE TREATMENT OF PATIENTS WITH KIRSTEN RAS WILD TYPE UNRESECTABLE METASTATIC COLORECTAL CANCER IN FOUR LATIN AMERICAN COUNTRIES

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**OBJECTIVES:** To evaluate and compare the economic impact in terms of drug and administration cost of first to second line (1L>2L) sequential bevacizumab (BEV) to other sequences of biologics in the treatment of patients with Kirsten Ras wild type (KRAS WT) unresectable metastatic colorectal cancer (mCRC) in four Latin American countries. **METHODS:** A previously developed Treatment Sequencing Costing tool was adapted for Argentina, Chile, Colombia and Mexico. A private payer perspective was adopted for Argentina and Chile and a public payer perspective for Colombia and Mexico. Locally sourced drug acquisition and administration costs were included in the analysis. Cost of sequences was calculated based on proxy treatment durations of 6.1 months (1L), 4.0 months (2L) and 2.7 months (3L). Sequences analyzed for

the respective countries were elicited from local experts and clinical guidelines in addition to 1L>2L BEV sequences obtained from the ML18147 trial. **RESULTS:** When 1L>2L BEV replaces sequences which include 1L anti-EGFR regimens, it results in an average potential cost reduction of ARS -42,796; \$CLP -13,774,258; \$COL -8,922,387 and \$MXN -174,606 for Argentina, Chile, Colombia and Mexico respectively. When 1L>2L BEV replaces sequences which include 2L anti-EGFR regimens it results in an average potential incremental cost of ARS +25,331; \$CLP +1,769,387 and \$MXN +25,515 for Argentina, Chile and Mexico. **CONCLUSIONS:** In Argentina, Chile, Colombia and Mexico, when 1L>2L BEV replaces sequences which include 1L anti-EGFR regimens, it results in an average potential cost reduction. When 1L>2L BEV replaces sequences which include 2L anti-EGFR regimens, it results in a potential incremental cost which allows for the possibility of including a 3L anti-EGFR regimen.

## PCN12

## COST/BENEFIT ANALYSIS OF FIRST LINE CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) TREATMENTS IN MEXICO

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**OBJECTIVES:** To calculate and compare the costs and costs per PFS and OS for first line CLL treatment regimens in Mexico. **METHODS:** Relevant treatment regimens were selected based on KOL input and data availability. Treatment regimen costs were calculated using the dose, number of doses per cycle, and number of cycles per regimen from published clinical trials. Drug acquisition and administration costs were obtained from IMSS. Administration costs were applied once per treatment day, regardless of the number of drugs administered. Progression-free survival (PFS) and overall survival (OS) benefits for each regimen were calculated by applying hazard ratios for PFS and OS from a recent network meta-analysis to the median PFS and OS reported for chlorambucil. Cost/benefit ratios were expressed as the regimen cost per month of PFS or OS. **RESULTS:** Regimens assessed were chlorambucil, fludarabine, fludarabine+ cyclophosphamide+ rituximab (FCR) and cyclophosphamide+doxorubicin+vincristine+prednisone (CHOP). Costs were estimated in 2012 Mexican pesos. The regimen cost for chlorambucil (\$3,101) was less than fludarabine, FCR and CHOP (\$50,430, \$525,481 and \$105,246, respectively). Only FCR and CHOP incurred administration costs. The hazard ratios for OS and PFS showed FCR was the most effective treatment versus chlorambucil (0.24 and 0.73, respectively). The cost/PFS benefit ratio was most favorable for chlorambucil (\$352/month) versus fludarabine, FCR and CHOP (\$4,757, \$14,318 and \$18,145, respectively). Chlorambucil also had the lowest cost/OS benefit ratio (\$39/month) versus fludarabine, FCR and CHOP (\$639, \$4,865 and \$1,441, respectively). **CONCLUSIONS:** Chlorambucil was the least costly of the Mexican CLL treatment regimens assessed in absolute terms and per benefit. However, there is a need for a CLL treatment that provides greater efficacy in terms of PFS and OS than chlorambucil, but costs less than FCR. Future studies should focus on the incremental cost-effectiveness of new regimens for this indication.

## PCN13

## THE AFFORDABILITY OF ONCOLOGY AND HIV/AIDS TECHNOLOGIES IN BRAZIL COMPARED TO THE UNITED STATES AND OTHER OECD COUNTRIES

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**OBJECTIVES:** Brazil's universal access to health care program has been deemed successful by several different measures. However, given limited health care budgets, the affordability of newer, increasingly expensive technologies can become a major access barrier. This study compares the affordability of current HIV/AIDS and oncology technologies in Brazil to those in the U.S. and other Organization for Economic Cooperation and Development (OECD) countries. **METHODS:** Per patient treatment costs for HIV/AIDS and oncology technologies in Brazil, the U.S. and other OECD countries were obtained from published studies and datasets. Non-Brazilian studies were chosen for their comparability to the Brazilian counterpart studies in terms of patient populations, disease characteristics, treatments, and economic perspective. Costs compared included drugs, procedures, administrative costs, and total cost of treatment. All costs were converted to 2011 U.S. dollars. The two affordability measures utilized included: 1) Cost per gross domestic product (GDP) per capita, and 2) cost per health care spending (HCS) per capita. These measures were compared between Brazil and other OECD countries to estimate the relative affordability of HIV/AIDS and oncology technologies. **RESULTS:** A majority of technologies assessed were less affordable in Brazil compared to comparator OECD countries by both affordability measures. Under the GDP measure, oncology technologies in Brazil consumed approximately 2 to 20 times the amount of available resources compared to OECD countries. Using the HCS measure, health care resource consumption in oncology was 4 to over 40 times that of OECD countries. Differences in relative affordability of HIV/AIDS technologies were generally smaller, with resource consumption in each country generally varying by less than 3 times that of the comparator country using each affordability measure. **CONCLUSIONS:** Although oncology and HIV/AIDS technology access in Brazil has increased in recent years, these treatments may be relatively less affordable compared to other developed countries given Brazil's current resource and budget constraints.

## PCN14

## DIRECT MEDICAL COSTS (DMC) OF TREATING CHRONIC LYMPHOID LEUKEMIA (CLL) PATIENTS IN THE PRIVATE HEALTH CARE SYSTEM IN BRAZIL: RESULTS FROM A 12-MONTH RETROSPECTIVE ANALYSIS OF AN ADMINISTRATIVE DATABASE

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